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CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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NAN	ME OF FILER	(LAST)		(FIRST)		(MIDDLE)
Tł	norp, Richard					
1.	Office, Agency, or C	ourt				
	Agency Name (Do not use	acronyms)				
	Department of Consum	ner Affairs				
	Division, Board, Department	, District, if applicable		Your Position		
	Medical Board of Cal	lifornia		Board Member		
	► If filing for multiple position	ns, list below or on an attachment. (D	o not use	acronyms)		
	Agency:			Position:		
2.	Jurisdiction of Office	Ce (Check at least one box)				
	x State			☐ Judge or Court Con	nmissioner (State	ewide Jurisdiction)
	Multi-County			County of		
	City of			Other		
3.	Type of Statement (Check at least one box)				
	Annual: The period condition December 31,	vered is January 1, 2018, through 2018		Leaving Office:	Date Left (Check one	
	-or-		_	○ The period co	,	ary 1, 2018, through the date
	The period con December 3	vered is/, through 1. 2018	1	of		, ., <u>2</u> 0.0, anoag.,
		e assumed		leaving office. The period covor fleaving office.		/, through the date
	Candidate:Date of Elec	tion and office so	ught, if dit			
1	Schedule Summary (must complete)				7
	Schedules attached	must complete) ► lotal nu	mper o	f pages including this	cover page	·
	Schedule A-1 - Inv	restments – schedule attached		X Schedule C - Income. L	oans. & Busines	ss Positions – schedule attached
	Schedule A-2 - Inv	restments – schedule attached		Schedule D - Income -		
	X Schedule B - Real	Property – schedule attached		Schedule E - Income -	Gifts – Travel P	ayments - schedule attached
-0	r-					
	■ None - No reporta	ble interests on any schedule				
5.	Verification					
	MAILING ADDRESS (Business or Agency Address Reco.	STREET mmended - Public Document)	CITY		STATE	ZIP CODE
	277 Cohasset		Chico		CA	95926
	DAYTIME TELEPHONE NUMBER			E-MAIL ADDRESS		
	(530) 877-7200			dickt@pmg-net.com		
		iligence in preparing this statement. I h schedules is true and complete. I ackr			e best of my kno	wledge the information contained
	I certify under penalty of p	perjury under the laws of the State o	f Californ	ia that the foregoing is tru	e and correct.	
	Date Signed	9	Si	gnature Richard Thor	p	
	- 4.5 Oigilou	(month, day, year)	01	(File the orig	inally signed paper sta	ntement with your filing official.)

Comments:_

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Thorp, Richard	

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Paradise Medical Group	
Name 277 Cohasset Chico , CA 95926	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one ☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Medical Practice	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999
YOUR BUSINESS POSITION President/CEO	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) \$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 \$OVER \$100,000 \$1,001 - \$10,000 > 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) \$\begin{array}{cccccccccccccccccccccccccccccccccccc
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or X Names listed below Paradise Medical Group	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 J_18 J_18
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

SCHEDULE B

FAIR POLITICAL PRACTICES COMMISSION Interests in Real Property
(Including Rental Income) Name Thorp, Richard

CALIFORNIA FORM

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
6445 Pentz Road	6490 Pentz Road
CITY	CITY
Paradise, CA	Paradise, CA
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
\$10,001 - \$100,000	\[\bigsiz \
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust Easement	X Ownership/Deed of Trust Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
	☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	∑ \$10,001 - \$100,000 ☐ OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
☐ None Paradise Medical Group	None Paradise Medical Group
	al lending institution made in the lender's regular course of without regard to your official status. Personal loans and
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \qquad \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Thorp, Richard

6460 Pentz Road CITY Paradise, CA FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000	6470 Pentz Road CITY Paradise, CA
Paradise, CA FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 10,001 - \$100,000 18	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 10,001 - \$100,000 18 19 18 19 18 19 18 19 18 19 18 19 19	Paradise, CA
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 10,001 - \$100,000 18 19 18 19 18 19 18 19 18 19 18 19 19	
\$100,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
∑ \$10,001 - \$100,000	∑ \$10,001 - \$100,000 ☐ OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None Paradise Medical Group	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None Paradise Medical Group
business on terms available to members of the publ	rcial lending institution made in the lender's regular course of lic without regard to your official status. Personal loans and
loans received not in a lender's regular course of bu	
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	. None%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
	.

SCHEDULE B

FAIR POLITICAL PRACTICES COMMISSION Interests in Real Property
(Including Rental Income) Name Thorp, Richard

CALIFORNIA FORM

ASSESSOR'S PARCEL NUMBER OR	STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
6480 Pentz Road		
CITY		CITY
Paradise, CA		
FAIR MARKET VALUE IF / \$2,000 - \$10,000	APPLICABLE, LIST DATE: _//18/18	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$\insum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$
X \$100,001 - \$1,000,000 Over \$1,000,000	ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSE Over \$1,000,000
NATURE OF INTEREST		NATURE OF INTEREST
X Ownership/Deed of Trust	Easement	Ownership/Deed of Trust Easement
Leasehold		Leasehold
Yrs. remaining	Other	Yrs. remaining Other
IF RENTAL PROPERTY, GROSS INC		IF RENTAL PROPERTY, GROSS INCOME RECEIVED
S0 - \$499 S500 - \$1,000	x \$1,001 - \$10,000	□ \$0 - \$499 □ \$500 - \$1,000 □ \$1,001 - \$10,000
\$10,001 - \$100,000	OVER \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
SOURCES OF RENTAL INCOME: If		SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source
interest, list the name of each terincome of \$10,000 or more. None Paradise Medical Group		income of \$10,000 or more.
interest, list the name of each terincome of \$10,000 or more. None Paradise Medical Group * You are not required to repusiness on terms available.	le to members of the public	cial lending institution made in the lender's regular course c without regard to your official status. Personal loans an
interest, list the name of each terincome of \$10,000 or more. None Paradise Medical Group You are not required to repusiness on terms available	le to members of the public	cial lending institution made in the lender's regular course
interest, list the name of each terincome of \$10,000 or more. None Paradise Medical Group You are not required to repusiness on terms available	le to members of the public	cial lending institution made in the lender's regular course c without regard to your official status. Personal loans an
interest, list the name of each terincome of \$10,000 or more. None Paradise Medical Group You are not required to repusiness on terms available loans received not in a length.	le to members of the public	sial lending institution made in the lender's regular course c without regard to your official status. Personal loans an siness must be disclosed as follows:
interest, list the name of each terincome of \$10,000 or more. None Paradise Medical Group You are not required to repusiness on terms available loans received not in a length.	le to members of the public der's regular course of bus	sial lending institution made in the lender's regular course c without regard to your official status. Personal loans an siness must be disclosed as follows:
interest, list the name of each terincome of \$10,000 or more. None Paradise Medical Group You are not required to repusiness on terms available loans received not in a length.	le to members of the public der's regular course of bus able)	Dial lending institution made in the lender's regular course to without regard to your official status. Personal loans an siness must be disclosed as follows:
interest, list the name of each terincome of \$10,000 or more. None Paradise Medical Group You are not required to repusiness on terms available loans received not in a lense. NAME OF LENDER* ADDRESS (Business Address Accepted)	le to members of the public der's regular course of bus able)	cial lending institution made in the lender's regular course c without regard to your official status. Personal loans an siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
interest, list the name of each terincome of \$10,000 or more. None Paradise Medical Group You are not required to repusiness on terms available loans received not in a lengent NAME OF LENDER* ADDRESS (Business Address Acceptate) BUSINESS ACTIVITY, IF ANY, OF LE	le to members of the public der's regular course of bus able)	cial lending institution made in the lender's regular course c without regard to your official status. Personal loans an siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
interest, list the name of each terincome of \$10,000 or more. None Paradise Medical Group You are not required to repusiness on terms available loans received not in a lengent NAME OF LENDER* ADDRESS (Business Address Acceptate) BUSINESS ACTIVITY, IF ANY, OF LE	le to members of the public der's regular course of bus able) ENDER TERM (Months/Years)	Dial lending institution made in the lender's regular course to without regard to your official status. Personal loans an siness must be disclosed as follows: NAME OF LENDER*
interest, list the name of each terincome of \$10,000 or more. None Paradise Medical Group You are not required to repusiness on terms available loans received not in a lense. NAME OF LENDER* ADDRESS (Business Address Acceptate) BUSINESS ACTIVITY, IF ANY, OF LE INTEREST RATE None HIGHEST BALANCE DURING REPORT	le to members of the public der's regular course of bus able) ENDER TERM (Months/Years)	Dial lending institution made in the lender's regular course to without regard to your official status. Personal loans an siness must be disclosed as follows: NAME OF LENDER*
interest, list the name of each terincome of \$10,000 or more. None Paradise Medical Group You are not required to repusiness on terms available loans received not in a length of the second of the	le to members of the public der's regular course of bus able) ENDER TERM (Months/Years) RTING PERIOD	cial lending institution made in the lender's regular course c without regard to your official status. Personal loans an siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
* You are not required to repusiness on terms available loans received not in a lense. NAME OF LENDER*	le to members of the public der's regular course of bus able)	Dial lending institution made in the lender's regular course of without regard to your official status. Personal loans a siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Thorp, Richard

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Sierra Cascades LLC	Kurt Johnson MD, INC
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
6470 Suite A Paradise, CA 95969	1040 Mangrove Avenue Chico, CA 95926
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	Medical Practice
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
	Consultant
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position On
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \overline{X} \\$1,001 - \$10,000
▼ \$10,001 - \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use	Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.) Sale of	Schedule A-2.) Sale of
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or X Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Sierra Cascades LLC	
(Describe)	(Describe)
Oth an	Consulting Service
Other	X Other Consulting Service
(Describe) 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PE	(Describe)
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in members of the public without regard to your official statement.	RIOD al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official si regular course of business must be disclosed as follows:	RIOD al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's ws:
* You are not required to report loans from a commercial a retail installment or credit card transaction, made in members of the public without regard to your official statement.	RIOD al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official si regular course of business must be disclosed as follow NAME OF LENDER*	RIOD al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's ws:
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official si regular course of business must be disclosed as follows:	(Describe) RIOD Al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's ws: INTEREST RATE None None
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable)	INTEREST RATE INTEREST RATE None SECURITY FOR LOAN
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official si regular course of business must be disclosed as follow NAME OF LENDER*	INTEREST RATE (Describe) (RIOD (Describe) (RIOD (Describe) (RIOD (Describe) (RIOD (RIOD
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official stregular course of business must be disclosed as follow. NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	INTEREST RATE INTEREST RATE None SECURITY FOR LOAN
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official stregular course of business must be disclosed as follow. NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	RIOD al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's ws: INTEREST RATE TERM (Months/Years)
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official stregular course of business must be disclosed as follow. NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	RIOD al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's ws: INTEREST RATE TERM (Months/Years)
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official stregular course of business must be disclosed as follow. NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD	Al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's ws: INTEREST RATE TERM (Months/Years) ———————————————————————————————————
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$\textstyle{\textstyle{1}}\$ \(\text{\$\text{\$\text{\$\text{\$}}}\$} \)	RIOD al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's vs: INTEREST RATE TERM (Months/Years)
* You are not required to report loans from a commercia a retail installment or credit card transaction, made in members of the public without regard to your official stregular course of business must be disclosed as follow NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	RIOD al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to tatus. Personal loans and loans received not in a lender's ws: INTEREST RATE TERM (Months/Years)

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Thorp, Richard

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Paradise Medical Group	
ADDRESS (Business Address Acceptable) 277 Cohasset	ADDRESS (Business Address Acceptable)
Chico, CA 95926	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Medical Practice	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
President/CEO, Internal Medicine Physician	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Or
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
☐ \$10,001 - \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
X Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
(For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use	(For self-employed use Schedule A-2.) Partnership (Less than 10% ownership. For 10% or greater use
Schedule A-2.)	Schedule A-2.)
Sale of(Real property, car, boat, etc.)	Sale of(Real property, car, boat, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other	Other
	Other(Describe)
Other	Other (Describe) al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's
Other	Other (Describe) al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's
Other	Other (Describe) al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ws: INTEREST RATE TERM (Months/Years)
Other	Other (Describe) al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ws:
Other	Other (Describe) al lending institution, or any indebtedness created as part of the lender's regular course of business on terms available to status. Personal loans and loans received not in a lender's ws: INTEREST RATE TERM (Months/Years)
Other	Other
* You are not required to report loans from a commercia retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as followable of Lender* Address (Business Address Acceptable)	Other
* You are not required to report loans from a commercia retail installment or credit card transaction, made in members of the public without regard to your official s regular course of business must be disclosed as followable of Lender* Address (Business Address Acceptable)	Other
 Other	Other
 Other	Other
	Other
Other	Other